Initial: 9/92

Reviewed/revised: 6/1/06

Revision: 2

MILWAUKEE COUNTY EMS PRACTICAL SKILL NASOPHARYNGEAL AIRWAY INSERTION

Approved by: Ronald Pirrallo, MD, MHSA
Signature:
Page 1 of 1

Purpose:		Indications:	
To maintain a patent airway by holding the tongue off the posterior pharynx		Decreased level of consciousness	
Advantages:	Disadvantages:	Complications:	Contraindications:
Better tolerated than rigid oral airway Less likely to stimulate gag reflex as patient regains consciousness Can be inserted without having to open mouth	Does not prevent aspiration	May cause epistaxis Pharyngeal stimulation may cause gagging or vomiting	Should not be inserted in patients with suspected basilar skull fractures or severe facial trauma

Select airway slightly smaller in diameter than the patient's nostril, equal in length to the distance from the nostril to ipsilateral earlobe, plus 1 inch

Lubricate the exterior of the airway with a water soluble lubricant

Insert the airway into the nare with with bevel facing the nasal septum

Direct the airway straight back along the floor of the nasal passage until the flange end touches the external nares

Suction as necessary to clear secretions